١	Assessment assessment	١

1	L	WASTE MANIFEST	D No Manifest Do	1	∠. f	Information is not	rednited	the shaded Areas by Federal law.		
	3. Generator's Name and Mailing Address Clayco Construction				· [A. State Manifest Document Numper				
	4	462 Summit Ave, St. Iouis, MO 63842 4 Generator Phone 314 388-3134								
11	5	5 Transporter 1 Company Name\ \ \ \ -6 \ US EPAID Number			C. S	C. State Transporter's ID H-1024				
$\ \ $		USPCI ORD981514474			D. T	D. Transporter's Phone 405-528-8371				
	7	Transporter 2 Company Name	8. US EPA ID Numbe	US EPA ID Number			E. State Transporter's ID			
Π					F. T	F. Transporter's Phone G. State Facility's ID 04204				
		Designated Facility Name and Site Address 10. US EPA ID Number PPM, Inc.			G. S					
		1628 W. 9th Street Kansas City, MO 64101	MOD069277549	H. Facility's Phone 816–221–6826						
G	11	US DOT Description (Including Proper Shipping Name, Haz		12. Cont No	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.		
E	a.	Waste Hazardous Substance Liqui		Ì						
Ε		ORM-E, NA9188 (Polychlorinated	Biphenyls)RQ			Į				
R		Bulk Oil		1	TT	435	G			
Ť	b.	Waste Hazardous Substance Solid	1, N.O.S.							
0		ORM-E, MA9188 (Polychlorinated	-	1						
P		Transformer		1 1	CM	7450	P			
	c.						1			
	d.	June P	8 pick	Vo je)	,				
	Da 42							<u> </u>		
$\ \cdot\ $	J.		,	К. На	indling Codes f	or Waste	s Listed Above			
	•		sted Above / Chirman			The field of the state of the s				
		(~ ~ ~ /)		_].						
Н	l	Tran								
$\ \cdot \ $,								
	_									
Dike and contain In case of emergency PICK-UP SITE: 9215 Riverview Blvd, St. Lou								St. Louis,M		
		in case of spill. contact: John Swa	anson CONTACT: M	lke Pir	180n					
		at: 816-221-6826				"PCB MAND	TEST"	'		
Н	16	GENERATOR'S CERTIFICATION: I hereby declare that the contents								
		proper shipping name and are classified, packed, marked, and labele according to applicable international and national government regula		er condition	for tran	sport by highway				
		If I am a large quantity generator, I certify that I have a program in economically practicable and that I have selected the practicable many transfer or the practic								
	1	future threat to human health and the environment; OR, if I am a si	mall quantity generator, I have ma							
	<u> </u>	the best waste management method that is available to me and that						Month Day Year		
¥		Printed/Typed Name	Signature				,	Month Day Year		
1				<u>.</u>						
T R	17.	Transporter 1 Acknowledgement of Receipt of Materials		_						
A	İ	Printed/Typed Name	Signature					Month Day Year		
S					_		1			
0	18.	Transporter 2 Acknowledgement of Receipt of Materials								
TRANSPORTER		Printed/Typed Name	Signature 07 KT	=	30290	1621	4.2	nth Day Year		
_	19	19. Discrepancy Indication Space								
Superfund OUD 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by the model as modely in the materials.								ſ		
ţ		Printed/Typed Name	Signature			Phr as mored in		Month Day Year		
1		- miled typed Hame	Signature				í	Month Day Year		
1										